CPT ADVISOR

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Superficial venous thrombosis and compression ultrasound imaging

The Omnibus Budget Reconciliation Act of 1990 requires the Centers for Medicare and Medicaid Services (CMS) to comprehensively review all relative values at least every 5 years and make adjustments as needed. All of the CPT codes on the Medicare physician payment schedule are open for public comment in this process. In the first 5-year review effective in 1997, more than 1000 CPT codes were reviewed. During the second 5-year review effective 2002, more than 870 CPT codes were evaluated, and the third 5-year review effective 2007 had over 750 CPT codes discussed. During these three 5-year review processes, the overwhelming majority of codes were assigned increased work relative value units (RVUs). This did not go unnoticed by congressional leaders. The Medicare Payment Advisory Commission (MedPAC) reported in 2007 that the "*Medicare payment schedule had bias in the 5-year review in favor of undervalued codes as compared to overvalued codes.*"

In response to this and other concerns, the American Medical Association/Specialty Society Relative Value Scale Update Committee (RUC) established the "5-year identification workgroup" whose purpose was to identify potentially "misvalued" services using objective screens prior to the next 5-year review. These screens focused on new technology use, changes in site of service, excessive growth, services originally surveyed/valued by one specialty that are now performed by a different specialty, "Harvard-valued" codes (ie, those codes never reviewed by the RUC and still based on Harvard study data from the late 1980's), and codes that may require bundling (ie, two services reported together 75% or more of the time). These screens have affected vascular lab study codes over the last few years. Codes identified by screens either undergo a standardized RUC survey followed by discussion of physician work and practice expense or referral to the CPT Editorial Panel. Codes sent to CPT may have the descriptor revised for clarification of the service or a new proposal put forth bundling multiple codes. In either event, the RUC takes the new or revised code(s) through the survey/discussion process.

CMS has also implement screens to review potentially "misvalued" codes. In 2008, CMS requested review of 114 "fastest growing" codes (ie, that grew at least 10% per year over the course of 3 years). Extremity arterial physiologic testing (93922, 93923, and 93924) was flagged in this manner and referred to the CPT Editorial Panel for significant code description changes as well as the addition of introductory language to raise the bar for the minimum service required to qualify for these complex arterial perfusion evaluations. The work RVUs were fortunately maintained after RUC survey in April 2010 and subsequent CMS confirmation in the 2011 final Medicare Physician's Fee Schedule.

CPT codes with high utilization can be identified through several screens. One screen specifically looks at services billed to CMS over 500,000 times annually that were never surveyed but instead crosswalked (eg, from the radiology fee schedule). The vascular lab extremity venous ultrasound codes 93970 (complete bilateral) as well as the lower extremity arterial ultrasound codes 93925 (complete bilateral) and 93926 (limited or unilateral) were identified by such a screen. The CMS "low RVU value – High volume" screen identified extremity venous ultrasound code 93971 (limited or unilateral). Code 93971 was surveyed in April 2011 and maintained its value for 2012. Codes 93970, 93925, and 93926 have just been reviewed by the RUC in April 2012. The work RVU for 2013 will not be published until November of this year.

Lastly, the carotid artery duplex codes 93880 (complete bilateral) and 93882 (limited or unilateral) were identified in the CMS "high-expenditure" screen as part of the 2012 final rule for the Medicare Physician Fee Schedule. These codes have been surveyed for presentation at the October 2012 RUC meeting. The outcome of the RUC review and CMS determination for these carotid imaging procedures will be published in November 2013 effective on January 1, 2014.

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